

# Request to Send Protected Health Information to an Alternate Location

Montana Department of Public Health and Human Services  
P.O. Box 202960, Helena, MT 59620-2960

As required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") you have the right to request that documents regarding your Protected Health Information be sent to other entities or other individuals. Such requests are often made when a person feels that his or her health or safety may be endangered if Protected Health Information is sent to his or her address of record. The Department of Public Health and Human Services (DPHHS") will endeavor to accommodate all reasonable requests.

I, \_\_\_\_\_, (print name) hereby request that documents regarding my Protected Health Information be provided to the following entity(ies) or individual(s):

Name of Entity(ies) or Individual(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Alternate Telephone Number \_\_\_\_\_

Other Communication Requests \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you change your address, all of your Medicaid information will be sent to this address. Do you want to have everything sent to this different location? \_\_\_\_ Yes \_\_\_\_ No

I am requesting that information be sent to an alternate address because I believe that receiving information at my address of record would be dangerous to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date